

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

(list name and registration number)

JOSEPH H. HANDELMAN, 26179

RICHARD P. BERG, 28145

JOHN RICHARDS, 31053

JULIAN H. COHEN, 20302

RICHARD J. STREIT, 25765

WILLIAM R. EVANS, 25858

PETER D. GALLOWAY, 27885

JANET I. CORD, 33778

IAN C. BAILLIE, 24090

CLIFFORD J. MASS, 30086

THOMAS F. PETERSON, 24790

(Check the following item, if applicable)

☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Ladas & Parry
26 West 61st Street
New York, N.Y. 10023

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

*(check proper box(es) for any of the following added page(s)
that form a part of this declaration)*

☐ **Signature** for fourth and subsequent joint inventors. *Number of pages added* _____

* * *

☐ **Signature** by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* _____

* * *

☐ **Signature** for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. *Number of pages added* _____

* * *

☐ **Added page for signature** by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)

* * *

☐ **Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.**

☐ **Number of pages added** _____

* * *

☐ **Authorization of practitioner(s) to accept and follow instructions from representative.**

*(If no further pages form a part of this Declaration,
then end this Declaration with this page and check the following item)*

☒ **This declaration ends with this page.**

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other document.

Full name of sole or first inventor

AHARON
(Given Name)

MEIR
(Middle Initial or Name)

EYAL
Family (Or Last Name)

Inventor's signature _____

Date _____ Country of Citizenship ISRAEL

Residence 32 Baitar Street, Jerusalem 93380 ISRAEL

Post Office Address Same as above

Full name of second joint inventor, if any

PONNAMPALAM
(Given Name)

(Middle Initial or Name)

ELANKOVAN
Family (Or Last Name)

Inventor's signature x Ponnampalam Elankovan

Date x 4-19-99 Country of Citizenship UNITED STATES

Residence 2365 Club Meridian Drive, Okemos, MI 48864 United States of America

Post Office Address Same as above

Full name of third joint inventor, if any

(Given Name)

(Middle Initial or Name)

Family (Or Last Name)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

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NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other document.

Full name of sole or first inventor

1-00 AHARON MEIR EYAL
(Given Name) (Middle Initial or Name) Family (Or Last Name)

Inventor's signature X A.H. Eyal

Date March 23 1999 Country of Citizenship ISRAEL

Residence 32 Baitar Street, Jerusalem 93380 ISRAEL ILX

Post Office Address Same as above

Full name of second joint inventor, if any

PONNAMPALAM ELANKOVAN
(Given Name) (Middle Initial or Name) Family (Or Last Name)

Inventor's signature _____

Date _____ Country of Citizenship UNITED STATES

Residence 2365 Club Meridian Drive, Okemos, MI 48864 United States of America

Post Office Address Same as above

Full name of third joint inventor, if any

(Given Name) (Middle Initial or Name) Family (Or Last Name)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

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